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į	1. PLACE OF BIRTH BUREAU OF VI	BOARD OF HEALTH ITAL STATISTICS State File No. /45	
a (1	County C	State among	
·	City No. (If birth occur	or Village	
A	2. Full name of child. Jugono Hana 3. Sex of Child To be answered ONLY 4. Twin, triplet or other. in event of plural	{ If child is not yet named, is to supplemental report, as directed.	
	8. FATHER Full name (Cartinal Parties)	14. Month Day Year	
	9. Residence (Usual place of abode)	Foll manden name Versola Serbante	14
	If non-resident, give place and state. Anyona 10. Color or race	15 Residence (Usual place of abode) Stable If non-resident, give place and state.	0
	Welstern 11. Age at last birthday 2 4 (Years)	mexican 17. Age at last birthday 20 (Years)	
	12. Birthplace (city or place) (State or country) 13. Occupation	18. Birthplace (city or place) Mexico (State or country)	
: 31	Nature of Industry Miles	19. Occupation Housewife Nature of Industry	
	certified and including this child.) (b) Born alive but a certified and including this child.)	now living Juo 21. Were precautions taken against oply thalmia neonatorum?	
• . (I hereby certify that I attended the birth of this child, who was. * When there was no attending physician (Bon	PHYSICIAN OR MIDWIFE* In Olino at // ff. m. on the date above stated //	
	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	T.C. Harper physician	
	Given name added from a supplemental report Month, day, year	Hobe anger (Physician or midwife).	
1 1	Registrar Filed 3	3/1,1927 J. Horst 3/2, -522	
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